Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-29-08</u>	Address:	<u>CR 200 W</u>
Case #:	<u>14-37743</u>		Near Towpath Rd
County:	<u>Carroll</u>		Burnettsville, In
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab eal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Anumonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: open air			
Water Reactive Metal (Lithium): open air			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location);			
∐ Yes ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrina	Information Pseudoephodrine Tracking Log rehant Tip ven tip
This report is to be faxed to the following agencies that serve the location:			
	Department: Monticello Fax: 574-583-5136		
Health Department: White		Fax: <u>574-58</u>	
Child Protec	tion Service; N/A	Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Holeman Phone 765-567-2125			
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This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.